	PATENT	APPLICA E	Filective Oc	DETE	200	NATION F	REC	ORD ·	Appli	cation (5)	or Docket	Number
CLAIMS AS FILED - PART I								SMALL E	NTITY			R THAN
(Column 1) (Column 2)							<b>.</b>	TYPE		OR -	SMALL	ENTITY
ТО	TAL CLAIMS							RATE	FEE		RATE	FEE
FOR 5			NUMBER FILED NU			MBER EXTRA		BASIC FEE		OR	BASIC FEE	195
TOT	AL CHARGEA	BLE CLAIMS' "	7, minus 20 = *			<b>2</b> 7		X \$ 9 =		OR	X \$ 18 =	110/
ND	EPENDENT CL	AIMS	2 minus 3 = * -				1 1	X \$ 44 =		OR	X \$ 88 =	Lice
MUL	TIPLE DEPEN	DENT CLAIM F	RESENT ·					+ \$ 150 =		OR	+ \$ 300 =	
' If	the difference	in column 1	s less than zero, enter "0" in o			column 2		TOTAL		OR	TOTAL	11/7/
CLAIMS AS AMENDED DART II											R THAN	
	T	(Column 1)		(Colu		(Column 3)	_	SMALL	ENTITY	OR		ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 9 =	· · · · · · · · · · · · · · · · · · ·	OR	X \$ 18 =	
	Independent	*	Minus	***		=		X \$ 44 =		OR	X \$ 88 =	
	FIRST PRESENTATION OF MULTIPLE DEPE			PENDENT	CLAIN			+ \$ 150 =		OR	+ \$ 300 =	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)					ADDIT: FEE	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 9 =		OR	X \$ 18 =	
	Independent		Minus	***	-	=		X \$ 44 =		OR	X \$ 88 =	
	FIRST PRESE	NTATION OF N	MULTIPLE DEP	ENDENT	CLAIM		ŀ	+ \$ 150 =		OR	+ \$ 300 =	
		(Column 1)		(Colun	on 2)	(Column 3)	,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
욹 }		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST IER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	*	Minus	**		=		X \$ 9 =		OR	X \$ 18 =	
	ndependent	*	Minus	***		=		X \$ 44 =		OR	X \$ 88 =	
· [	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	\$ 150 =		OR	+ \$ 300 =	
* !	f the entry in colum	nn 1 is less than t	the entry in column	n 2, write "0	' in colu	mn 3.	<b>L</b>	TOTAL DDIT. FEE		OR L	TOTAL ADDIT. FEE	
*** 1	f the "Highest Nur	nber Previously P nber Previously P ber Previously Pa	aid For" IN THIS	SPACE is le	ss than	'3', enter "3",	end in th	e appropriate	box in colum	n 1.		